

VA Improves Funding Process for Medical Facilities

WASHINGTON, D.C. – Secretary of Veterans Affairs Anthony J. Principi has announced an overhaul of the five-year-old system that determines how much federal funding the regional health care networks of the Department of Veterans Affairs (VA) receive for treating veterans.

"Eligible veterans should receive the same level of care, regardless of where they live or what their medical needs are," said Principi. "By improving the fairness of the process and focusing better on patients with severe disabilities, these changes will strengthen the ability of VA clinics and hospitals to meet the needs of their patients."

Under the VERA system, funding for medical facilities is provided by 21 regional networks, called Veterans Integrated Service Networks (VISNs), which administer the health care services VA provides to the nation's 25 million veterans.

Funding allocations are based on the number of veterans and the severity of their illnesses under a system established in 1997 called the Veterans Equitable Resource Allocation (VERA).

The latest refinements will allow VA to: (1) More accurately tie VA funding for networks to the complexity of care received by patients, with per-patient funds ranging from about \$263 to more than \$60,000; (2) Provide more funding to networks for the most severely ill patients; (3) Eliminate the need for special mid-year funding supplements for networks by addressing the issues that previously led to such requests; and (4) Contain and manage workload growth.

VA's funding system continually undergoes refinements and evaluations to address issues such as patient classification and pricing structure.

VERA was part of a broader plan to transform VA's health care system from a confederation of individual medical centers and clinics focused primarily on inpatient care to a fully integrated system that expands primary and ambulatory health care. ■

Houston VA Medical Center Stands Out with Several National Awards . . .

VA Health System is "Best in the Nation," Says IOM

WASHINGTON, D.C. – The Department of Veterans Affairs (VA) was praised in October 2002 in an Institute of Medicine (IOM) report for its initiatives to improve the quality of health care.

"VA is a national leader in developing quality measurements to provide the best health care for our veterans," said Secretary of Veterans Affairs Anthony J. Principi. "Both health care and veteran satisfaction have improved as a result of our quality improvements." The IOM report, entitled *Leadership by Example*, lauded VA's use of performance measures to improve quality in clinical disciplines and in ambulatory, hospital and long-term care.

"VA's integrated health care information system, including its framework for using performance measures to improve quality, is considered one of the best in the nation," according to the IOM.

The IOM report also cited VA's National Surgical Quality Improvement Program (NSQIP), which uses performance measurements, reports, self-assessment tools, site visits, and best practices. It develops risk-adjusted information on surgical outcomes in the VA's medical centers. From 1991, when NSQIP data were first collected, to 2000, the impact on the outcomes of major surgeries was dramatic: 30-day post-operative deaths decreased by 27 percent.

Just last year, the Houston VA Medical Center (HVAMC) accepted the NSQIP award for having the second lowest risk adjusted mortality rate among 123 VA Medical Centers nationwide. The HVAMC boasts a surgical staff that performs over 5,000 surgical procedures each year and represents nine surgical subspecialties. These include general surgery, cardiac surgery, neurosurgery, orthopedic surgery, plastic surgery, urology surgery, vascular surgery, otolaryngology, and gynecology. In addition, the HVAMC Cardiac Surgery Section received recognition last year as a "Clinical Program of Excellence" within the Veterans Health Administration (VHA).

VA's electronic medical record system and Bar Code Medication Administration (BCMA) program are essential tools for improving health care quality and patient safety. Earlier this year, the BCMA program won the 2002 Pinnacle Award, a top honor by the American Pharmaceutical Association Foundation. The BCMA program allows a nurse or other health care provider to make sure that a patient is receiving the correct medication in the correct dose at the correct time. HVAMC



Photo by Steven D. Jones, HVAMC, Media Section

The Houston VA Medical Center accepted the 2002 NSQIP award for having the second lowest risk adjusted mortality rate among 123 VA Medical Centers nationwide. The HVAMC boasts a surgical staff that performs over 5,000 surgical procedures each year and represents nine surgical subspecialties. Above, David H. Berger, MD, Operative Care Line Executive (left) prepares for surgery with an anesthesia resident and operating room nurse, Grace Campos, RN (right).

began use of Version 2.0 of the BCMA system last November. This version will allow point-of-care in high-risk intensive care situations.

Also this year, VA's National Center for Patient Safety (NCPS) received the John E. Eisenberg Award in Patient Safety for System Innovation. The Eisenberg awards are given by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) and the National Forum for Healthcare Quality and Reporting (NQF).

VA's patient safety program relies on a method that combines voluntary and mandatory reporting systems, root cause analysis, and corrective actions to improve patient safety. VA's programs have been adopted in Australia, Japan, and Denmark, among others.

VA's Quality Program ensures system-wide delivery of health care based on the best scientific evidence for clinical practice and explicit accountability of management and clinicians as a strategy for fulfilling VA's mission to be the health care provider of choice for America's veterans. VA's performance measurements show VA health care is the current benchmark in quality for numerous areas when compared with other health care systems.

The IOM report analyzed quality enhancement processes in six government programs – the VA, Medicare, Medicaid, the State Children's Health Insurance Program, the Department of Defense TRICARE and

TRICARE for Life programs, and the Indian Health Services program.

Information about the IOM report can be obtained on the Internet at www.iom.edu. ■

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Special Note:

Call Voluntary Services at (713) 794-7347 to see how you can get involved with National Salute to Hospitalized Veterans' Week.

Many modern medical technologies or procedures have their roots in the VA, either because they were pioneered or developed by VA investigators . . .

Recent Advances in Health Care from VA Research

WASHINGTON, D.C. - The Veterans Health Administration's (VHA's) Research and Development (R&D) Program has long been recognized as a key in VA's efforts to improve the health of America's veterans. Its accomplishments are many and varied. Not as well recognized, however, is the fact that VHA's R&D program also benefits all other Americans. Indeed, many modern medical technologies or procedures have their roots in the VA, either because they were pioneered or developed by VA investigators. Unquestionably, VHA's Research and Development Program is a leader in the world of medical science today. The following are recent advances in health care made by VA researchers.

VA hospitals rate high in use of life-saving heart drugs

Heart-attack patients cared for at VA hospitals are often more likely than patients at private hospitals to receive beneficial heart medications such as clot-busting drugs and aspirin, reported a study in the journal *Circulation*.

In one of the largest studies to date comparing taxpayer-funded VA hospitals to private hospitals, researchers analyzed records of more than 30,000

heart patients—from every private hospital in seven states, and 81 of VA's 139 hospitals nationwide.

Among the findings: Of heart-attack patients medically considered "ideal candidates" for angiotensin converting enzyme (ACE) inhibitors, nearly 71 percent at VA hospitals received the medication at discharge, compared to 58 percent at private hospitals. Failure to use these and other drugs after heart attack is believed to contribute to as many as 18,000 preventable deaths each year in the United States. (December 2001)

New way of delivering kidney medicine could mean major savings

The Medicare system could save as much as \$142 million annually by changing the way doctors administer the drug epoetin, used to boost the red blood count of patients with end-stage kidney disease.

In a study at 24 VA hospitals and published in the *American Journal of Medicine*, VA researchers and colleagues found that by delivering epoetin under the skin rather than intravenously, doctors could safely achieve the same benefits with substantially lower doses. Since the drug is expensive, this could represent

millions of dollars in savings each year for Medicare or other health systems. VA hospitals have already begun using the subcutaneous method for most patients, but the majority of patients elsewhere still receive the drug intravenously. (February 2002)

'Hunger hormone' may be key in weight loss

Gastric bypass surgery seems to achieve long-term weight loss when other methods fail. The reason for the difference may hinge on a recently discovered appetite-stimulating hormone, according to a VA-led study that appeared in the *New England Journal of Medicine*. The researchers found dramatic differences in the levels of "ghrelin," a hormone secreted by the stomach, in blood samples from dieters and gastric-bypass patients.

The new findings may explain why keeping off excess weight through dieting, exercise, or even medication is often a constant uphill battle, whereas obese patients who lose up to 200 pounds or more through gastric bypass surgery tend to keep off the pounds permanently. (May 2002)

Smaller aneurysms best left alone

Abdominal aortic aneurysms can be deadly if they rupture, but a VA study found it is better not to correct the problem with surgery unless the aneurysm exceeds a certain size.

The hazards of surgery can be the greater threat unless the aneurysm is larger than 5.5 centimeters in diameter, according to findings published in the *New England Journal of Medicine*. The aorta is a major artery that delivers blood from the heart to organs in the lower part of the body. Aneurysms are blood-filled bulges in the weakened wall of the aorta. (May 2002)

Study questions widespread prescribing of diabetic footwear

Medicare pays for therapeutic footwear for thousands of people with diabetes each year. But VA researchers and colleagues reported in the *Journal of the American Medical Association* that for many patients ordinary good-quality shoes may work just as well to prevent ulcers.

The study randomized patients with diabetes and a prior foot ulcer into three groups. One group wore extra-depth

shoes with customized cork inserts. A second group wore therapeutic shoes with non-custom polyurethane inserts. The third group served as controls and wore their own shoes. After two years, ulcer rates were about the same in all three groups. The study did not include patients with special problems who may in fact benefit from custom-made footwear. (May 2002)

Study finds common knee surgery no better than placebo

Patients with osteoarthritis of the knee who underwent mock arthroscopic surgery were just as likely to report pain relief as those who received the real procedure, according to a VA study published in the *New England Journal of Medicine*.

The results challenge the usefulness of a common medical procedure on which Americans spend more than \$3 billion each year. The researchers say the findings suggest that the money spent on such surgeries could be put to better use. (July 2002)

Changing bacteria produce persistent lung infections

Populations of bacteria may be changing constantly in the lungs of patients with chronic obstructive pulmonary disease (COPD), which affect nearly 15 million people in the United States.

VA doctors writing in the *New England Journal of Medicine* reported that the bacteria altered repeatedly over time, made it difficult for the body's immune system to respond effectively. This may explain why patients develop recurring infections and may allow researchers to develop vaccines to keep pace with the changing bacteria. COPD is the fourth leading cause of death in the U.S. (August 2002) ■



Photo provided by HCC/CCL

A Word from the Director . . .

Get Involved with National Salute Week

HOUSTON, TX - February 9 through 15, 2003 is a special time at VA Medical Centers across the Nation. Established as an official VA program in 1978, it is known as National Salute to Hospitalized Veterans and is recognized annually during the week of February 14.

In Houston, we will pay special tribute and express our appreciation that week to the men and women who have protected the freedoms we enjoy. Columnist Ann Landers initiated a movement several years ago encouraging school children and adults alike to write a special note of thanks in a Valentine Day greeting to hospitalized veterans.

At Houston, we receive thousands of such cards a year. We take great care in distributing to veterans and displaying throughout the facility during the special week. Hospitalized veterans and those with outpatient clinic appointments receive visits and take pleasure in programs provided by members of area veteran service organizations, ROTC and Junior ROTC, school children, elected officials, and local personalities throughout the week. These visits have traditionally included personal time together sharing stories



Edgar L. Tucker, Medical Center Director

and interests, musical programs, and distribution of U.S. flags.

In addition to welcomed visits to veterans and their family members, this occasion draws awareness about the role of Houston VA Medical Center in the community as well as volunteer opportunities. I encourage you to consider planning a visit to the Houston VA Medical Center in support of the week's special activities and enjoying the wonderful atmosphere created by staff and volunteers to honor our Nation's heroes. The cheer and well wishes spread to hospitalized veterans is quite "contagious" and is a "prescription you can fill."

If you are interested in scheduling a visit to the Houston VA Medical Center and joining us in National Salute to Hospitalized Veterans, please contact Mr. Bryan Dyck, Voluntary Service Program Manager, at (713) 794-7135. ■

Prostate cancer kills 30,000 people each year and is the second leading cause of cancer death in the United States . . .

Houston VA Prostate Cancer Support Group is "Just Us"

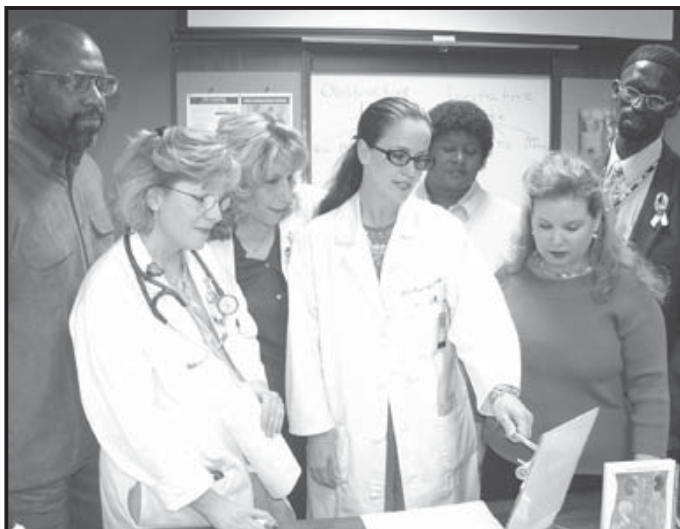
HOUSTON, TX - Friendly glances, smiling faces, warm exchanges . . . just a few ways one could describe the at-home atmosphere felt at a Houston VA Medical Center (HVAMC) Prostate Cancer Support Group meeting. This group prefers to be known by its more informal name, "Just Us," which was coined by its creator and co-facilitator, Lillie Sonnier.

According to Sonnier, who works in the HVAMC Oncology department as a health technician, "Just Us" refers to the vow of confidentiality the leaders ask those who attend the support group to take. This is so members can feel free to talk about personal health concerns without worrying about them being shared with others outside the meeting room.

"Just Us" also suggests that everyone who attends the meetings has an opinion, which is neither right nor wrong, and each attendee has the opportunity to express it.

According to the American Cancer Society, this year alone almost 200,000 men in the United States will be newly diagnosed with prostate cancer and 40,000 men will die from this disease. If these statistics are sobering, imagine the fright at actually hearing a diagnosis of prostate cancer. Often accompanying that fear comes a sense of helplessness, of being out-of-control because men are suddenly confronted with something totally unknown.

When the Prostate Cancer Support Group met for the first time in May 2002, the experience was "just like a dream come



The Houston VA Medical Center's Prostate Cancer Support Group Team includes, left to right, Michael Rogers, Medical Technician for Laboratory Service, Support Group Co-Facilitator; Shari Haynes, Urology Physician Assistant; Lisa Whipple, Oncology Social Worker; Lisa Cole, Urology Physician Assistant; Lillie Sonnier, Oncology Health Technician, Support Group Co-Facilitator; Amber Lowe, Hemodialysis Social Worker; and Ronald Arnold, Volunteer in Oncology.

true" for Sonnier. Several months prior to the group actually starting, she had already begun to envision it being as successful for HVAMC male patients diagnosed with prostate cancer as the Breast Cancer Support Group has been for HVAMC female patients.

Sonnier prepared the way by taking the "Man-to-Man" facilitator training offered by the American Cancer Society along with Michael Rogers from HVAMC Laboratory and Pathology Service. Rogers also agreed to be a Prostate Cancer Support Group facilitator. Other contributing HVAMC staff members are Lisa Whipple, Oncology social worker, and Amber Lowe, Hemodialysis social worker. Whipple and Lowe have functioned as consultants to the support group.

In addition, Lisa Cole and Shari Haynes, Urology Clinic physicians assistants, have provided useful medical knowledge for group discussions. Cole has also been

invaluable during the support group meetings by preparing informative talks about topics relevant to prostate cancer patients and their families.

Some of the topics Ms. Cole has chosen to teach the group so far, have included: "Urinary Symptoms After Having Treatment for Prostate Cancer," "Erectile Dysfunction," and "Nutrition and the Prostate Cancer Survivor." According to Ms. Cole, her topics are based on the requests she receives from patients who have attended the support group.

Ronald Arnold, a volunteer assigned to HVAMC Oncology section, has also provided much needed assistance to both the staff and the patients who participate in the Prostate Cancer Support Group.

Since May 2002, the Prostate Cancer Support Group has been meeting every third Thursday of each month from 2 to 3 p.m. in Training Room 4C-122.

In addition to providing educational talks and materials, the support group facilitators and speakers encourage attendees to participate in open discussions and sharing, and question and answer sessions. All of which have been important parts of every Prostate Cancer Support Group meeting.

So, if there is anyone who has ever doubted the benefits of support groups to the well being of patients . . . they obviously haven't attended any HVAMC Prostate Cancer Support Group meetings! Our Veterans, their family and friends, as well as community members who have been affected by prostate cancer, are invited to attend the meetings and reap the benefits of knowing that there are those at the Houston VA Medical Center who care about you.

For more information about the support group, call Lillie Sonnier at (713) 794-7111. ■ Cynthia Ravari, P.A.-C, HVAMC Medical Care Line

Before choosing or trying an herbal product, first talk with your Primecare provider . . .

Can Herbal Therapy Help or Hurt Me?

HOUSTON, TX - Herbal therapies have been around for quite a long time. Scientists have found evidence that herbs were used in ancient Greece, Egypt, Rome, Russia, and China as medicinal remedies. In fact, many modern medicines come from Native American remedies.

There are many examples of drugs used today, that are derived from a variety of plant leaves, roots, flowers, or fruits. Digoxin comes from a plant source and is used to treat problems with heart rhythms or heart failure.

Today, herbal therapy has regained popularity in the United States and is used as a complement to "conventional medicine." In the U.S., herbal therapies are treated as a food supplement. The Federal Drug Administration (FDA) does not control herbal therapies, so there is no guarantee these products are safe or effective.

However, in many other countries, herbs are already regulated by the government and available only by prescription.

Before choosing or trying an herbal product, talk with your Primecare provider.

Not all herbal therapies are safe for all people. It is possible to have an allergic or toxic reaction to an herb. Herbs may interfere with the effects of your other prescribed medicines.

For instance, Ginseng that may be used to increase physical endurance and lessen fatigue has cardiovascular side effects such as high blood pressure.

Ginseng also interacts with anticoagulants like Heparin and Warfarin by decreasing the anticoagulation effect. Ginseng also is known to decrease blood glucose so this herb should not be used at the same time with antidiabetic agents.

After you have checked with your Primecare provider, only purchase brands that standardize their product. This means that the same amount of herb is in each dose.

Avoid products that do not list the ingredients and their strengths on the label. The label should list the scientific name of the product, a lot or batch number, the date the product was manufactured, and the expiration date.

Check with your Primecare Provider before beginning any herbal therapy. This way you will know about the actions and side effects of the herbs and whether or not the herbs will interact with any other medication you are taking. ■ Paulette Russell Wilson, Ph.D., RN



Prostate cancer survivor, Benjamin Muller, discusses prostate cancer with Lisa Jean Cole, P.A.-C, HVAMC physician assistant during a follow-up appointment. Mr. Muller encourages all veterans to be screened for prostate cancer and to talk openly with their Primecare Provider about the disease. Prostate cancer kills 30,000 people each year and is the second leading cause of cancer death in the United States.

We're Here to Help . . .

Cancer Support Group

The group meets the first Tuesday of every month, 1-2 p.m. in the Nursing Unit (NU) 4D dayroom. Group facilitator: Lisa Whipple and Chaplain Doug Ensminger, (713) 791-1414, ext. 5273

Pain Support Group

The group meets every Wednesday and Thursday, 2 p.m. in Room 5C-215. Group facilitator: Dr. Gabriel Tan, (713) 794-8794

Pain Education Group

The group meets every Wednesday, 1 p.m. in Room 5C-215. Group facilitator: Dr. Gabriel Tan, (713) 794-8794

Pain Coping Skills Group

The group meets every Thursday, 1 p.m. in Room 5C-215. Group facilitator: Dr. Gabriel Tan, (713) 794-8794

Better Breather's Club

The group meets the last Wednesday of every month, 1:30-3:30 p.m. in Room 1C-361. Group facilitator: Paula Denman, (713) 794-7317

Stroke Support Group

The group meets second and fourth Thursdays of every month, 3 p.m. in the NU 2A Rehab Dining Room. Group facilitator: Laura Lawhon and Tommie Espinosa, (713) 791-1414, ext. 4241/5254

Amputee Support Group

The group meets first and third Thursdays of every month, 3 p.m. in the NU 2A Rehab Dining Room. Group facilitator: Betty Baer or Roger McDonald, (713) 794-7793

Prostate Cancer Support Group

The group meets third Thursdays of every month, 2 p.m. in Room 4C-122. Group facilitator: Lillie Sonnier, (713) 794-7111

Hepatitis C Support Group

The group meets the first Friday of every month, 1:30 p.m. in Primecare Clinic 4 (NASA) Room 1A-442. Group facilitator: Collene Gasca and Alana Howard, (713) 791-1414, ext. 3656

Lufkin

Hypertension Classes

The class meets the first Thursday of every month, 2 p.m. Ask your nurse or your Primecare provider, or stop by the front desk at the Lufkin Outpatient Clinic to register for this class.

If you are an eligible veteran, and a VA facility is not feasibly available when you believe your health or life is in immediate danger, report directly to the closest emergency room . . .

Emergency Care in Non-VA Facilities

HOUSTON, TX - Congress recently provided VA with new authority (called the Mill Bill) to pay for emergency care in non-VA facilities for veterans enrolled in the VA health care system. The new benefit will pay for emergency care rendered for nonservice-connected conditions for enrolled veterans who have no other source of payment for the care. However, VA will only pay to the point of medical stability.

How do I qualify?

This benefit is a safety net for enrolled veterans who have no other means of paying a private facility emergency bill. If another health insurance provider pays all or part of a bill, VA cannot provide any reimbursement. To qualify, you must meet all of the following criteria:

You were provided care in a hospital emergency department or similar facility providing emergency care.

You are enrolled in the VA Health Care System.

You have been provided care by a VA health care provider within the last 24 months (excludes C & P, Agent Orange, Ionized Radiation and Persian Gulf exams).

You are financially liable to the provider of the emergency treatment for that treatment.

You have no other form of health care insurance.

You do not have coverage under Medicare, Medicaid, or a state program.

You do not have coverage under any other VA programs.

You have no other contractual or legal recourse against a third party (such as a Workman's Comp Claim or a Motor Vehicle Accident) that will pay all or part of the bill.

Department of Veterans Affairs or other Federal facilities were not feasibly available at time of the emergency.

The care must have been rendered in a medical emergency of such nature that a prudent layperson would have reasonably expected that delay in seeking immediate medical attention would have been hazardous to life or health.

What is the timeline to file?

Veterans have a responsibility to ensure that the VA Transfer Center is notified immediately upon any hospital admission. The HVAMC Transfer Center Coordinator can be reached during regular business hours at (713) 794-7109. If you are calling after hours, dial (713) 791-1414 and ask to speak to the Medical Administrative Assistant on duty. Claims must be filed with the appropriate VA Medical Center within 90 days of the discharge date of medical service; otherwise, the claim will be denied because it was not filed in a timely manner.

What type of emergency services will VA cover?

VA will reimburse health care providers for all medical services necessary to stabilize your condition up to the point

you can be transferred to an approved VA health care facility.

Do I need to get approval before going to the emergency room?

No. If you are an eligible veteran, and a VA facility is not feasibly available when you believe your health or life is in immediate danger, report directly to the closest emergency room. If hospitalization is required, you should contact the nearest VA within 24 hours to arrange a transfer to VA care.

How long will I stay in the private hospital?

If you are hospitalized, and the VA is notified, the VA will be in regular contact with your physician at the private hospital. As soon as your condition stabilizes, the VA will arrange to transport you to a VA, or VA-designated facility.

What if the private hospital bills me?

If you are billed for emergency care services, contact the HVAMC Fee Basis Office at (713) 791-1414, ext. 3883, and a representative will assist you.

What documents do I need to provide VA to pay for my emergency care in a non-VA facility?

Call the HVAMC Fee Basis Office at (713) 791-1414, ext. 3883 for a checklist of the documents you will need to provide to the VA in order for your claim to be processed. ■

Many injuries result from falls due to the shifting of body weight away from the wheelchair's center of gravity . . .

13 Free Wheelchair Safety Tips

HOUSTON, TX - The majority of wheelchair injuries result from falls due to shifting of body weight away from the wheelchair's center of gravity. This creates an imbalance. Shifting your position by bending, reaching, or transferring in and out of the wheelchair changes both the weight distribution and the center of gravity of the occupied wheelchair.

To be safe when using a wheelchair, pay particular attention to the following precautions:

✓ Always point the casters (front wheels) in the forward position before leaning forward. To do this, move the wheelchair forward, and then back in a straight line.

✓ Always make sure *both* wheels are fully locked and *both* footrests are raised up before getting into or out of the wheelchair. Do not step over footrests.

✓ When leaning forward, never extend your shoulders or chest further than the front of the armrests.

✓ Never tilt a wheelchair without assistance.

✓ Use caution when opening doors as they may suddenly open causing you to tip over backwards.

✓ Do not put heavy loads on the back of your wheelchair. It may make the wheelchair tip over backwards.

✓ Beware of caster flutter, which is the rapid side-to-side motion of the caster. This usually happens at high speed, such as when going downhill. It can throw you forward out of the chair. If your casters flutter, get them fixed.

✓ Always make certain the wheelchair arms are locked securely before using the wheelchair.

✓ When folding or unfolding the wheelchair, keep your fingers and hands clear of any moving parts.

✓ Never lift your buttocks (even partially) from the seat to reach forward when your feet are on the footrests.

✓ Never attempt to retrieve objects from the floor by reaching down between your knees.

✓ Do not reach backwards while in your wheelchair. Reaching too far backwards will cause you to tip over.

✓ Check for proper footrest length adjustment. The knees and hips of the wheelchair user should be about level. If the footrests are too high, it will raise your knees too much and cause excessive weight on your buttocks. If the footrests are too low, the front edge of the seat will cause a line of pressure on the back of your thighs.

For more information on wheelchair safety, ask your Primecare provider. You can also visit www.vanguardhmc.com/WheelchairSafety.htm on the Internet. The above precautions will maximize your safety and prevent injury. ■ *Laura Lawhon, RKT, HVAMC Rehabilitation Care Line*

Routine chemistry, hematology, urinalysis, and coagulation testing are all performed at LOPC by registered medical technologists and technicians using the latest in laboratory equipment . . .

Lufkin Laboratory Plays an Important Part in Your Health Care

LUFKIN, TX -

The Lufkin VA Outpatient Clinic (LOPC) Laboratory is a JCAHO (Joint Commission on Accreditation of Healthcare Organizations) accredited laboratory serving the basic needs of area veterans by providing onsite testing of laboratory specimens.

Routine chemistry, hematology, urinalysis, and coagulation testing are all performed at the Lufkin Outpatient Clinic by registered medical technologists and technicians using the latest in laboratory equipment. The LOPC laboratory is a satellite of the main facility located at the Houston VA Medical Center (HVAMC).

The LOPC laboratory is inspected by JCAHO every two years in order to ensure the services meet the requirements set forth by federal regulations. The LOPC laboratory was inspected in September 2002 and received accreditation for an additional two years.

The LOPC staff is extremely proud of its JCAHO laboratory score of 98 out of a possible 100, and continually strives to meet all requirements to assure our veterans the best in medical care.

One question, the LOPC laboratory staff answers daily, is, "Should I fast before having a lab test?" To be in a fasting state requires a person not to have ingested food for at least eight to 12 hours.

Drinking water, or not drinking water, is not part of fasting. On the contrary, not drinking water can alter test results, so please feel free to drink water.

Coffee is a different story. Because of the caffeine in coffee, and the added sugar and cream, coffee must not be ingested until after testing is done.

Because a health care provider might not mention to you the need to fast, or the appointment was made so far in the future you may not remember, we have tried to make it easier for you to be prepared for your lab testing by placing a statement on your appointment notification letter that says: "If you are scheduled for laboratory testing at the Lufkin VA Outpatient Clinic at or before 10:30 a.m., you must fast. Do not eat or drink after midnight except for small amounts of water. Do not take a.m. medications except for your blood pressure medications. Bring all others with you so you can take them after your blood is drawn."



One of the most frequent questions Wanda Stephens, BS MT(ASCP), LOPC Supervisory Medical Technologist answers is, "Should I fast before my lab test?" Fasting means you should not eat for at least eight to 12 hours before the lab test. Drinking water, or not drinking water, is not part of fasting. On the contrary, not drinking water can alter test results, so please feel free to drink water. Coffee is a different story. Because of the caffeine in coffee, and the added sugar and cream, coffee must not be ingested until after testing is done. In addition, do not take a.m. medications except for blood pressure medications. Bring all other medication with you so you can take them after your blood is drawn.

Certain medications can interfere with testing so it's better to be safe than sorry. As an overall rule, we try to reserve appointments at or before 10:30 a.m. for fasting patients.

If you are having a Lipid profile done, you are required to fast. A Lipid profile consists of total cholesterol, Triglycerides, LDL Cholesterol, and HDL Cholesterol. The LDL (low density lipoprotein) is considered the bad cholesterol, and the HDL (high density lipoprotein) the good cholesterol. With

If you are a diabetic and your doctor orders a Hemoglobin A1C, the LOPC laboratory can have the results back the same day. This will allow your Primecare provider to make any changes he or she believes are necessary, and discuss them with you immediately.

a Lipid profile, if you have ingested food recently, it will cause the results of these tests to be falsely elevated since the normal range is based on fasting samples.

Another test that is affected by eating is the glucose or sugar test. The normal or expected range is different for fasting as opposed to the non-fasting range. Based on the American Diabetes Association, results before eating should

be 70-115 mg/dl and after eating 80-180 mg/dl. Therefore, it is important to know if you are fasting to properly assess your results.

A test used to assess the diabetic but does not require fasting is the Hemoglobin A1C, also known as glycosylated hemoglobin. This test is performed approximately every three months to determine the average amount of glucose (sugar) in your blood during that time. This test gives your Primecare provider a better picture of your overall glucose control than the single blood glucose tests done with strips at

various times during the day.

Have you ever wondered how this works? Red blood cells move constantly through your bloodstream. Hemoglobin is the part of the cell that carries oxygen. When hemoglobin comes in contact with glucose (sugar) in the bloodstream, the glucose attaches to it. The more glucose there is in your bloodstream, the more glucose builds up in the cell. The test measures the amount of glucose in the cell, and the results are given as a percentage.

Although different laboratories may use different kinds of testing methods, usually the percentage that occurs in people without diabetes is about 6%. The normal range used at LOPC is 4.2% to 5.8%.

If you are a diabetic and your doctor orders a Hemoglobin A1C, the LOPC laboratory can have the results back the same day. This will allow your Primecare provider to make any changes he or she believes are necessary, and discuss them with you immediately.

Diabetes can affect many parts of your body, including your heart, eyes, feet, and kidneys. People with diabetes have extra reason to be mindful of heart and blood vessel disease. Diabetes carries an increased risk for heart attack, stroke, and complications related to poor circulation.

The LOPC laboratory is an important part of your health care team. If you have questions regarding laboratory testing, do not hesitate to ask the LOPC technologists. If we do not immediately know the answer to your questions, we will find out and provide you with the information. ■ Wanda Stephens, BS MT(ASCP), LOPC Supervisory Medical Technologist

VA Doubles Gulf War Research Funding

WASHINGTON, D.C. - The Department of Veterans Affairs (VA) plans to make available up to \$20 million for research into Gulf War illnesses during fiscal year 2004, a figure twice the amount spent by VA in any previous year.

"We want the best researchers and the best ideas brought to bear on this long-standing problem," VA Deputy Secretary Dr. Leo S. Mackay Jr. said. "Research into Gulf War illnesses is an area ripe for important discoveries."

Studies by researchers from VA and the private sector have found evidence of a possible neurological basis for the complaints of some veterans.

The VA's Research Advisory Committee on Gulf War Veterans Illnesses, commissioned by VA Secretary Anthony Principi and chaired by James Binns, a Vietnam veteran, includes scientists, business people, Gulf War veterans, and veterans advocates. Some members have been critical of previous government efforts to diagnose, treat, and research the medical problems of some veterans.

In addition, VA plans to create a special center dedicated to medical imaging technologies. These technologies are important to understanding Gulf War illnesses as well as other conditions important to veterans.

To date, the Departments of Defense, Health and Human Services, and VA have spent \$213 million on 224 research projects to answer the questions surrounding Gulf War illnesses. ■

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VA Announces 2003 Insurance Dividends

WASHINGTON, D.C. — In December, the VA announced its distribution of more than \$568 million in dividends to 1.5 million active policyholders of veterans life insurance.

This year, veterans will receive the payments on the anniversary date of their policies, with the specific dividend amount varying according to age, type of insurance, and length of time the policy has been in force.

For current active-duty servicemembers and reservists covered by Servicemembers' Group Life Insurance, no dividend is paid.

Dividends cover only veterans with government life insurance policies who served between 1917 and 1956. Veterans of subsequent eras are covered by government insurance programs that do not pay dividends.

However, for some older policies still in force today, the dividends represent a return of trust fund earnings on the premiums paid by policyholders. These funds reflect the fact that veterans are living longer than originally predicted and are also attributable to the higher than expected yields earned by the trust funds from investments in U.S. government securities.

Only those with policies that have been kept in force when premiums were required are eligible for the payout. Inaccurate stories periodically surface suggesting that those who have not maintained insurance are eligible for a special distribution if they contact VA, but this is false. Dividends are automatically sent to eligible policyholders.

Veterans who have questions about their policy may call the VA Insurance toll-free number 1-800-669-8477. ■

Houston VA Medical Center has one of the highest numbers, nationwide, of treated hepatitis C patients . . .

VA Offers New Treatment for Veterans with Hepatitis C

WASHINGTON, D.C. — Last November, less than 10 days after a new treatment for hepatitis C was approved by the Food and Drug Administration (FDA), the Department of Veterans Affairs (VA) made it available to enrolled veterans.

"We take care of more patients with this debilitating liver disease than any other health system in the country — more than 70,000 a year," said Secretary of Veterans Affairs Anthony J. Principi. "These veterans deserve the best, most responsive care we can offer, including the very latest, approved treatments."

The Houston VA Medical Center (HVAMC) has treated more than 330 veterans for hepatitis C in the last four years, and last year, saw more than a 50 percent increase in the number of patients treated.

Hepatitis C is a virus that infects the liver, causing tissue damage and, in some cases, permanent liver problems, including cirrhosis (scarring) and liver failure. It is a leading reason for liver transplantation. Hepatitis C has been recognized as a cause of liver disease for about a decade, and testing has been available only since 1992.

The treatment approved by the FDA on October 16, 2002 is called "pegylated interferon alfa-2a." VA has made arrangements with the manufacturer to ship the new drug to VA facilities sooner than any other medical system.

"We are getting this drug in the shortest time possible to facilities that have the most need," said Secretary Principi.

Several advances in treating hepatitis C, particularly with the introduction of the "pegylated interferons," include drugs that act against the hepatitis C virus used alone or in combination with other drugs.

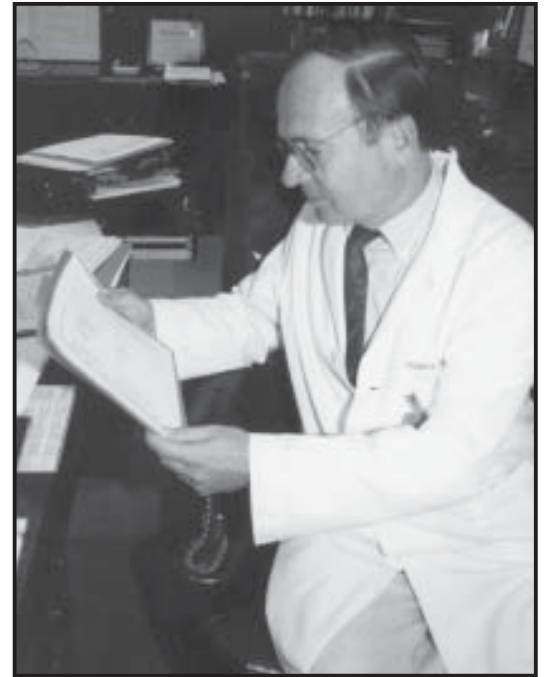
Through VA's national hepatitis C program, which has been in place about two years, veterans with hepatitis C receive the most appropriate medical care, including: (1) Counseling for risk

factor identification and disease prevention; (2) Systematic screening and testing; (3) Proactive patient and clinician education; (4) Liver transplantation if clinically necessary; and (5) Support services such as substance abuse and mental health care.

VA has screened more than 2.6 million veterans for hepatitis C risk factors since the system-wide policy was established in 1999. To better manage and improve patient care, VA created a national case registry of patients.

Over 500 veterans have received vaccination against hepatitis A and/or B in the HVAMC Hepatitis C Clinic. Each patient who is seen in Hepatitis C Clinic is fully evaluated for the need for vaccination, and vaccinations are administered accordingly. The HVAMC now has one of the highest number of treated patients for hepatitis C in the South Central VA Health Care Network and one of the highest numbers nationwide.

"The Houston VA Medical Center has taken a vigorous, aggressive approach to this relatively new disease. We were one



"The Houston VA Medical Center has taken a vigorous, aggressive approach to this relatively new disease. We were one of the first VA facilities to offer pegylated interferon alfa-2a to our veteran patients," said HVAMC Chief of Staff Dr. Thomas Horvath. "We are managing hepatitis C infection through a comprehensive approach to prevent disease transmission and long-term complications. This is a model for how other large systems can manage this serious disease."

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For further information on hepatitis C, ask your Primecare provider or visit www.va.gov/hepatitic on the Internet. ■

The Houston VA Medical Center provides comprehensive, continuing care of chronic and new mental disorders of older veterans . . .

Houston's Geriatric Psychiatry Program Gives You Peace of Mind

HOUSTON, TX — The Geriatric Psychiatry Program at the Houston VA Medical Center (HVAMC) is designed to meet the needs of older veterans with mental health concerns.

The program offers (1) Evaluation and treatment of problems with mental functioning and behavior; (2) Assessment of medical problems that may impair mental functioning; (3) Careful management of medication; (4) Evaluation of safety issues; (5) Education of veterans, families, and other caregivers about coping with mental illness; and (6) Referral to research programs studying the latest advances in treatment of Alzheimer's disease and related illnesses.

The HVAMC Geriatric Psychiatry Program provides comprehensive, continuing care of chronic and new mental disorders of older veterans. On entry to the program, veterans are assigned to a treatment team that includes psychiatrists, psychologists, social workers, nurses, and physician assistants.

The team provides care in both inpatient and outpatient settings. Inpatient services, located on nursing unit 6F, provide acute care to veterans needing a brief hospital stay. Hospitalization may help to stabilize a crisis, evaluate new-onset mental illness, or closely observe and supervise the effects of prescribed medications and other treatments.

Outpatient services are provided in

the Geriatric Psychiatry Clinic, located on nursing unit 4H, from 8 a.m. until 4 p.m. Monday through Friday.

The HVAMC Geriatric Psychiatry Program's home care liaison nurse makes in-home visits to help manage new and ongoing mental illness. The nurse focuses on preventing the need for hospitalization, educating veterans and caregivers about the illness, promoting healthy coping, and checking on the effects of treatment.

Psychologists in the Geriatric Psychiatry Program provide several types of psychotherapy to veterans. In addition, they perform specialized testing of mental functioning and personality to help plan treatment.

Program social workers help veterans and their families with social and emotional needs. Social workers provide appropriate support and education to patients and caregivers. They also help with referrals to other programs and services in the VA and the community, for needs that cannot be met within the Geriatric Psychiatry Program.

Your Primecare provider can refer you to the Geriatric Psychiatry Program. The HVAMC Psychiatric Evaluation and Admission Clinic (PEAC) can also refer veterans to the Geriatric Psychiatry Program. PEAC hours are 8 a.m. to 4:30 p.m., Monday through Friday; and their telephone number is (713) 794-7101. ■

Are you on the RADAR screen for anxiety or depression?

Houston VA Research Looks at Reducing Anxiety and Depression in Veterans with COPD

HOUSTON, TX – Veteran Ervin Herr has had problems with his lungs since he was a kid, but he didn't understand why. He was always short of breath, had complications with asthma, and suffered from extreme allergies to animals, especially horses.

About ten years ago, Herr had a heart attack and then a stroke. It was around this time, he realized that his anxiety brought on fear, and fear brought on doubt. Looking at Herr's condition, doctors at the Houston VA Medical Center (HVAMC) thought he was a good candidate for the RADAR Program.

Research Aimed at Depression and Anxiety Reduction (RADAR) is a program led by Mark Kunik, MD, MPH, a geropsychiatrist who has been with the HVAMC for the past nine years. Currently, in his affiliation with the VA Health Service Research Group, Dr. Kunik recently obtained a VA grant to study educational interventions of patients with chronic obstructive pulmonary disease (COPD) and anxiety/depressive symptoms.

RADAR is a study to see if education classes might help veterans with these types of problems. The study is a randomized, control trial in which participating veterans were assigned to one of two eight-week education programs. Following the eight weeks, the patients are evaluated every three months

to obtain assessments. Neither the health care professionals nor the patients know which group the patients are assigned to, since they are trying to determine which group is more helpful to patients that have COPD.

According to the American Lung Association, the annual cost in the U.S. for COPD is approximately \$30.4 billion. This includes health care expenses of \$14.7 billion, and indirect costs of \$15.7 billion.

COPD includes emphysema, lung disease, chronic bronchitis, and asthma and causes irreversible lung damage. With emphysema, the walls between the air sacs within the lungs lose their ability to stretch and recoil. They become weakened and break. Elasticity of the lung tissue is lost, causing air to be trapped in the air sacs and impairing the exchange of oxygen and carbon dioxide. A victim's airway loses its support, allowing for obstruction of airflow.

An estimated 2.8 million Americans will be diagnosed with emphysema sometime in their life. Of emphysema sufferers, 58 percent are male. While more men suffer from the disease than women, the condition is increasing among women.

Symptoms of emphysema include cough, shortness of breath, and a limited exercise tolerance. These are symptoms that Herr knows very well. He never understood why, as a kid playing sports, he couldn't keep up with the rest of the children. But he still tried. As an inpatient,



Sarah Liles, a research coordinator with the Houston VA Medical Center Mental Health Care Line, takes veteran Ervin Herr through a breathing test. With the goal of improving his condition, Mr. Herr is participating in the HVAMC's RADAR program which studies educational interventions of patients with chronic obstructive pulmonary disease (COPD) and anxiety/depressive symptoms. Veterans, who have COPD and feel either depressed or nervous, may make an appointment to be assessed by calling the RADAR team directly at (713) 794-8692.

he tries to get as much exercise as he can, walking around the hospital, and back to his room. However, he does concede that it is hard to exercise when you have difficulty breathing.

The HVAMC RADAR study does not interfere with the treatment of a patient's medical problems and participation in the program is free. The program is aimed at individuals who have a diagnosis of COPD, emphysema, and suffer with some type of anxiety and/or depression.

Veterans, who have COPD and feel either depressed or nervous, may make an appointment by calling the RADAR team directly at (713) 794-8692.

During the appointment, they are told more about the study, and after they sign a consent form, they are asked about their COPD and about their symptoms of sadness and/or nervousness. The

patients are also asked to perform a brief breathing test (spirometry reading) and walk a short distance (if possible).

"The power in this program has brought out a lot of faith in me. Somebody who has trouble breathing, and is distressed and stressed out all the time, with this program, you can get answers, and get some relief," said Herr.

Although emphysema is a chronic condition, there are many options for the COPD patient at the HVAMC. Herr speaks with determination to cope with the breathing problems that he experiences and said, "I've got too many things to do to let this illness slow me down." It is this attitude that sustains him.

If you are interested in learning more about the study, please contact the RADAR Program at (713) 794-8692. ■ *Nikki Verbeck, External Affairs Administrative Assistant*

The Houston VA Medical Center is one of planned sites . . .

VA Recommends Five Hospitals for Fisher Houses

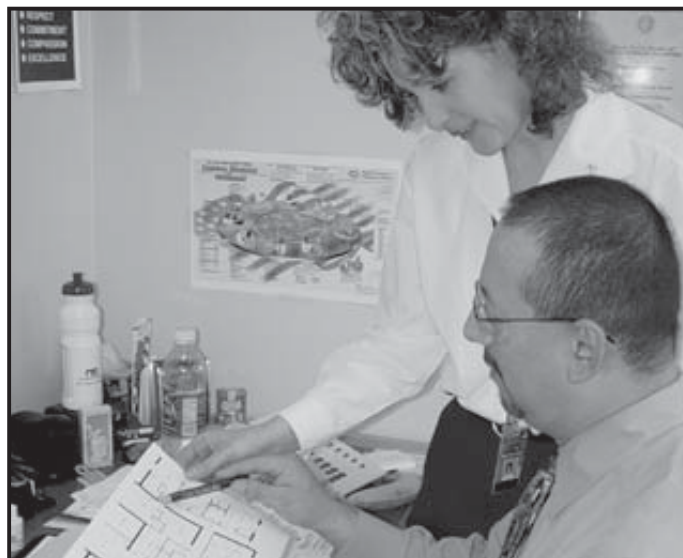
WASHINGTON, D.C. - Last year, Secretary of Veterans Affairs Anthony J. Principi recommended five VA medical centers to become sites for Fisher Houses, which provide temporary lodging for veterans receiving care at VA medical facilities and for their families.

"Fisher Houses provide a 'home away from home' for veterans and their families in their time of need," said Principi. "I appreciate the willingness of the Fisher Foundation to support our veterans."

The recommended sites are at the Houston VA Medical Center; New York Harbor VA Health Care System, Brooklyn campus; VA North Texas Health Care System, Dallas division; VA Palo Alto Health Care System, Palo Alto division in California; and VA Puget Sound Health Care System, Seattle.

The Fisher House Foundation pays for the construction of the fully furnished houses. They are built on government property and donated to VA, which then assumes responsibility for their operation and maintenance.

Miguel Ortega, social work practice manager at the Houston VA Medical Center said, "Construction on the



Miguel Ortega, social work practice manager at the Houston VA Medical Center, explains the planned layout of the new Fisher House to Bobbi D. Gruner, HVAMC public affairs officer. The Fisher House will provide veterans and their families with a place to sleep, prepare home-cooked meals, and do laundry. It will have room for up to eleven families at a time. Construction is projected to begin in 2004.

Houston VA Medical Center project could begin as early as 2004."

The Fisher House Foundation has built and donated six Fisher Houses to the VA and 24 Fisher Houses to the Department of Defense. They provide temporary housing to the families of hospitalized active duty or retired military members and veterans who do not live within commuting distance of the hospital.

Ortega also said, "We are very excited about this opportunity. Having a Fisher House will allow us to provide our veterans and their families with a comfortable, home-like environment during extremely difficult times."

The Fisher House in Houston will provide a place to sleep, prepare home-cooked meals, and do laundry. The house will also have a recreation room, a living room, and a dining room. It will have room for up to eleven families at a time.

For more information on Fisher Houses, go to www.fisherhouse.org on the Internet, or call toll-free (888) 294-8560. For additional information about the VA Fisher Houses, call Miguel Ortega, social work practice manager at (713) 791-1414, extension 5729. ■

From our Veterans

Provided by the Consumer Affairs Staff
HVAMC Room 1B-370, (713) 794-7883

Question: How do I obtain a copy of my Report of Separation from Active Duty (DD-214)?

Answer: The Department of Veterans Affairs does not maintain records of veteran's military service, except as is necessary for providing benefits. For information about obtaining your military record, please visit the Military Personnel Records Center in St. Louis, which is part of the National Archives and Records Administration, on the Internet at www.nara.gov/regional/mpr.html. The VA regional office, at 1-800-827-1000, can also send you the necessary request form.

Question: I want to open my own small business. Can the VA help me buy a franchise?

Answer: Owning a franchise operation is now more affordable for veterans, thanks to a program recently announced by Secretary of Veterans Affairs Anthony J. Principi. The Veterans Transition Franchise Initiative, commonly known as "VetFran," allows

veterans to acquire a franchise with a downpayment of 10 percent or less of the initial franchise cost, which generally ranges from \$45,000 to \$150,000 for a small business. Franchising companies absorb the difference.

Currently, VetFran is limited to franchises with initial investments up to \$150,000, the maximum loan amount on which the U.S. Small Business Administration (SBA) offers 85 percent loan guarantees. So far, nearly 75 franchisers are participating. VetFran may expand later to include franchises costing over \$150,000, for which the SBA offers 75 percent loan guarantees. Additional information is available on VA's Web page at www.vetbiz.gov.

Question: Why should I provide my insurance information to VA?

Answer: Whether or not you have insurance does not affect your eligibility for VA health care benefits. But if you do have insurance coverage, we would like to know for three reasons. Two of the reasons benefit you. First, the law

requires us to bill private health insurance companies for all care provided for veteran's non-service connected disabilities. Keep in mind that you will not be responsible for any unpaid balance that the insurance company does not pay, except for VA co-payments.

Second, many insurance companies will apply VA health care charges toward the satisfaction of your annual deductible.

Finally, and most importantly, the Houston VA Medical Center's (HVAMC) medical care budget is supplemented by the amount we are able to collect from private health insurance carriers. This means the money we collect here in Houston is used to pay our doctor and nurse salaries, buy medications for our pharmacy, and deliver medical services to the veterans we serve in southeast Texas.

Your assistance in assuring that the insurance information we have for you is current and accurate helps us meet the requirements of the law, and more importantly, helps us to provide health care services to all the veterans we serve.

Question: What is a VA Surviving Spouse Death Pension?

Answer: A VA Death Pension is a benefit paid to eligible dependents of deceased wartime veterans. For more information, call the VA Regional Office at toll-free 1-800-827-1000.

Question: I want to learn how to use the Internet to learn more about my medical condition. Can the VA help?

Answer: The Houston VA Medical Center Library offers free, introductory computer classes for our veterans. All training is one-on-one and provides hands-on assistance from a member of the library staff.

During each 30-minute session, you will learn how to establish an email

account, how to search for reliable health care information, and how to use Internet search engines. Classes are by appointment only. Call (713) 794-7856 to schedule your training today.

Question: I am having surgery soon. What can I expect at the HVAMC?

Answer: The HVAMC Operative Care Line has a new guide for veterans undergoing surgery. If you would like a copy of the booklet, call (713) 794-8737 or (713) 791-1414, extension 4798. You can also find the guide on the Internet at www.houston.med.va.gov/handbooks/op_surgery.

Question: How do I enroll to receive VA health benefits?

Answer: You may apply for enrollment at any VA health care facility, VA Regional Office, or Veterans Service Office, or you may apply via the Internet at www.va.gov/elig. The form you will complete to apply for enrollment is called the 10-10 EZ. We will need a copy of your DD214 or Military Discharge Certificate to verify your eligibility.

If you do not have a copy of your discharge certificate, your local VA Medical Center Enrollment Office can assist you. You will receive a letter confirming your enrollment from the Department of Veterans Affairs, Veterans Health Administration that identifies your assigned Priority Group.

Question: How can I find out about my VA health care benefits?

Answer: The Houston VA Medical Center has a detailed information guide called the Veteran Information Packet (VIP) available on the Internet. Visit www.houston.med.va.gov/handbooks/vip. If you don't have access to the Internet, call (713) 794-7349 to have a VIP mailed to you.

Important VA Telephone Numbers

Houston VA Medical Center Main Line	(713) 791-1414
	or toll-free 1-800-553-2278
VA Network Telecare Center.....	(713) 794-8985
	or toll-free 1-800-639-5137
Beaumont VA Outpatient Clinic	(409) 981-8550
	or toll-free 1-800-833-7734
Lufkin VA Outpatient Clinic	(936) 637-1342
	or toll-free 1-800-209-3120
Pharmacy Refills	(713) 794-7648
	or toll-free 1-800-454-1062
Pharmacy Helpline	(713) 794-7653
Appointment Information	(713) 794-7648
	or toll-free 1-800-454-1062
VA Eligibility & Enrollment	(713) 794-7288
Patient Education Resource Center (PERC)	(713) 794-7856
VA Police	(713) 794-7106
Vet Center (Post Oak Road)	(713) 682-2288
Vet Center (Westheimer)	(713) 523-0884
Patient Representatives	
Houston	(713) 794-7884
Beaumont.....	1-800-833-7734
	extension 113
Lufkin	(936) 633-2753
Houston National Cemetery	(281) 447-8686
VA Regional Office	
Main Number	1-800-827-1000
Compensation/Pension	1-800-827-1000
Home Loans	1-888-232-2571
Education.....	1-888-442-4551
Insurance	1-800-669-8477
Headstones and Markers	1-800-697-6947

Volunteers Needed for Heart Failure Study

WHAT: Houston VA Medical Center (HVAMC) research study using cardiac support device therapy in patients with congestive heart failure.

WHEN: Currently enrolling in a clinical trial at the HVAMC.

WHO: Veterans ages 18-80 with a diagnosis of congestive heart failure or those who have been told they have an enlarged heart. Participation in this study is completely voluntary.

WHY: Heart failure is a progressive disease characterized by an enlarged heart and decreased pumping function. Patients may not know they have the disease until they start having symptoms of shortness of breath and fatigue during normal activity or shortness of breath at night. Current treatments involve medications that relieve symptoms but do not cure the disease. The goal of the cardiac support device in this research study is to reverse the dilatation to the heart and improve quality of life in patients with an enlarged heart.

MORE INFO: Contact Trena Lynch, RN, BSN at (713) 794-8757.

